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PTO/SB/05 REV 1 (12/97)

Approved for use through 09/30/2000. omb 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. DOT1340 (103193-159973)	
	First Inventor or Application Identifier: J. McDonough et al.	
	Title	System and Method for Assigning Combiner Channels in Spread Spectrum Communications
	Express Mail Label No. EL213565032US	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>30</u>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC) 113 [Total Sheets <u>8</u>]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement Verifying identity</p>
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ACCOMPANYING APPLICATION PARTS	
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 Citations	<input checked="" type="checkbox"/> Copies of IDS
12. <input type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input checked="" type="checkbox"/> Other: <u>Express Mail Certificate</u> <u>CHECK # 452536 for \$ 888.00</u>	

17. **IF A CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner _____ Group/Art Unit _____

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
NAME		ATTN: TERRANCE A. MEADOR GRAY CARY WARE & FREIDENRICH			
ADDRESS		401 B STREET, SUITE 1700			
CITY	SAN DIEGO	STATE	CALIFORNIA	ZIP CODE	92101
COUNTRY	USA	TELEPHONE	(619) 699-2700	FAX	(619) 236-1048

Name (Print/Type)	Terrance A. Meador	Registration No. (Attorney/Agent)	30,298
Signature	<i>Terrance A. Meador</i>	Date	25 August 2000

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FEE TRANSMITTAL

Attorney Docket No.	DOT1340
First Named Inventor:	J. McDonough et al.
Application Number	To be assigned
Filing Date:	Herewith
Examiner Name:	Unknown
Group/Art Unit:	Unknown

TOTAL AMOUNT OF PAYMENT:	\$ 888.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 07-1895 Deposit Account Name: GRAY CARY WARE & FREIDENRICH</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	690	XX	\$ 690.00	\$345.00	\$ 690.00
Total Claims	31 - 20 =	11	X \$ 18.00	X \$ 9.00	\$ 198.00
Independent Claims	3 - 3 =	0	X \$ 78.00	X \$ 39.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 260.00	\$130.00	\$ 000.00
Total of above Calculations =					\$ 888.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 310.00	\$ 155.00	\$ 000.00
Reissue filing fee	\$ 690.00	\$ 345.00	\$ 0.00
Provisional filing fee	\$ 150.00	\$ 75.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TERRANCE A. MEADOR	Registration No.: (Attorney/Agent)	30,298
Signature	<i>Terrance A. Meador</i>	Date	25 August 2000